

Case Number:	CM13-0018450		
Date Assigned:	10/11/2013	Date of Injury:	03/27/2000
Decision Date:	01/02/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 62-year-old man. The underlying date of injury is 03/27/2000. The patient's diagnoses include a lumbar postlaminectomy syndrome and lumbar degenerative disc disease. The treating provider reports in a note of 07/08/2013 that the patient's medications include Wellbutrin, OxyContin 240 mg q.6 hours, and Percocet 10/325 mg q.4 hours. The treating provider notes that the patient is able to function at a higher level than off this regimen. The treating provider refilled OxyContin, Percocet, and Wellbutrin. The patient was noted to report low back pain radiating to both lower extremities, worse on the right. The patient reported that he does light housework like folding clothes on the counter, cleaning dishes, and that he continues to receive temporary relief from a prior injection of 02/29/2012, and therefore another caudal injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Caudal epidural steroid injection (ESI) with fluoroscopy and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, which is part of the MTUS.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections states, "In the therapeutic phase, repeat blocks should be based on continued objective

documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks." Additionally, I note that the Medical Treatment Utilization Schedule, Section on Opioids/Ongoing Management, page 78, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the documentation of functional benefit from past epidural injections is subjective and limited. Moreover, the patient continues to utilize very substantial doses of opioids which are more than 10 times greater than the target reference dosage of 120 morphine equivalent mg per day. At this time, the medical records therefore do not support a functional benefit either from past opioid treatment or epidural injections, nor do the medical records support continuation of either another caudal injection or the patient's OxyContin. The request for caudal epidural steroid injection (ESI) with fluoroscopy and conscious sedation is not medically necessary and appropriate.

Oxycontin 80mg extended release, three pills by mouth every six hours (q 6h) for one month #360 pills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids/Ongoing Management, which is part of the MTUS.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks." Additionally, I note that the Medical Treatment Utilization Schedule, Section on Opioids/Ongoing Management, page 78, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the documentation of functional benefit from past epidural injections is subjective and limited. Moreover, the patient continues to utilize very substantial doses of opioids which are more than 10 times greater than the target reference dosage of 120 morphine equivalent mg per day. At this time, the medical records therefore do not support a functional benefit either from past opioid treatment or epidural injections, nor do the medical records support continuation of either another caudal injection or the patient's OxyContin. The request for Oxycontin 80mg extended release, three pills by mouth every six hours (q 6h) for one month #360 pills is not medically necessary and appropriate.